

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

95 FEB 28 AM 10 34

DIVISION OF CORPORATE REGISTRATION

RE: Tomled, Inc

NAME _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input type="checkbox"/> Annual Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Fil		
<input type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> () Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service _____		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority _____		
<input type="checkbox"/> Express Mail Prep. _____		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS _____		

95 FEB 28 PM 12:18
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>PAK</u>	_____	_____	_____

WALK-IN Will Pick Up 228 100

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

LAW OFFICE OF
MARK D. BALZLI
Tel. (305)638-1765
Fax. (305)638-1686

Office Address:
1445 Alton Road, Suite 1018
Miami Beach, FL 33139-3813

Mailing Address:
1500 Bay Road, #985
Miami Beach, FL 33139-3254

February 21, 1995

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

700001412747
-02/22/95--01092--005
*****70.00 *****70.00

Via: Federal Express

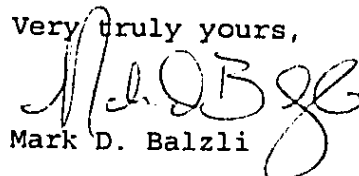
Re: R.A.M. Enterprises, Inc.

Ladies & Gentlemen:

I enclose an original and one copy of the articles of incorporation for the above corporation. I also enclose a check in the amount of \$70.00 for your fee.

Please return the executed copy to me in the enclosed self addressed stamped envelope.

Very truly yours,


Mark D. Balzli

cc: Mr. William L. Ledford

W95-4117

502

KAN

2-23



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 23, 1995

MARK D. BALZLI, ESQ.
1500 GAY ROAD
#985
MIAMI BEACH, FL 33139-3254

SUBJECT: R.A.M. ENTERPRISES, INC.
Ref. Number: W9500004117

We have received your document for R.A.M. ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 495A00008242

ARTICLES OF INCORPORATION

FILED

TOMLED, INC.

95 FEB 28 PM 12: 18

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following articles of incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

TOMLED, Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13951 N.W. 20th Court
Miami, FL 33054

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. J. Michael Thomas
13951 N.W. 20th Court
Miami, FL 33054

ARTICLE V - INCORPORATORS

The names and street addresses of the incorporators to these articles of incorporation are:

Mr. William L. Ledford
13951 N.W. 20th Court
Miami, FL 33054

Mr. J. Michael Thomas
13951 N.W. 20th Court
Miami, FL 33054

The undersigned incorporator has executed these articles of incorporation this 27 day of February, 1995.


J. Michael Thomas

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is:

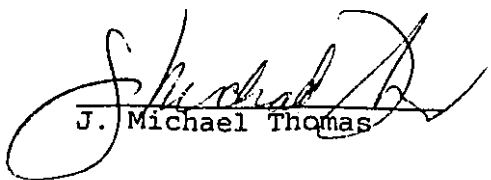
TOMLED, Inc.

2. The name and street address of the registered agent and office is:

J. Michael Thomas
TOMLED, Inc.
13951 N.W. 20th Court
Miami, FL 33054

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Dated: February 27, 1995


J. Michael Thomas